



COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL

JACK CONWAY
ATTORNEY GENERAL

1024 CAPITAL CENTER DRIVE
FRANKFORT, KY 40601
(502) 696-5300

FUND-RAISING CONSULTANT FORM 5

REGISTRATION CHECKLIST

HAVE YOU INCLUDED YOUR:

_____ ANNUAL REGISTRATION STATEMENT

REMINDER: *If you have any **on-going** promotions with an end-date after **December 31, 2008** or a new promotion with a begin date of **January 1, 2009** you **MUST** renew your registration prior **December 31, 2008**.*

_____ ARTICLES OF INCORPORATION

_____ \$50.00 REGISTRATION FEE

Only one check is required for both the AOC and Registration fees
(Make check payable to Kentucky State Treasurer.)

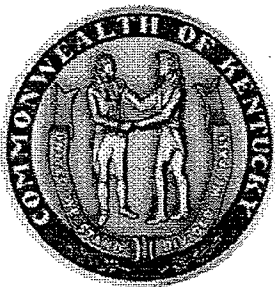
_____ LICENSING AGENCY REQUEST FORM – BACKGROUND INVESTIGATION

*The total number of requests multiplied by **twenty-five dollars** (\$25) fee should be added to the registration check. **ONLY ONE CHECK** for the total of both fees is required.*

_____ LABELS or ENVELOPES

An envelope or mailing label with the applicant's **HOME** address is required for each background request and **MUST** accompany the requests above.

If you have any questions please feel free to call Consumer Protection at 502-696-5300



COMMONWEALTH OF KENTUCKY
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FUND-RAISING CONSULTANT
REGISTRATION STATEMENT

Each consultant registration shall expire on December 31 of the calendar year in which it was filed and shall be renewed by reapplying and paying the prescribed fee.

Initial Reg ____ Renewal Reg ____ Reg No. ____ C- - Date: _____

1. FULL NAME OF FUND-RAISING CONSULTING FIRM: _____

2. LIST ANY OTHER NAMES YOU ARE KNOWN BY OR HAVE BEEN KNOWN BY OR HAVE USED: _____

3. ADDRESS OF PRINCIPAL PLACE OF BUSINESS: _____

4. TELEPHONE / FAX NUMBER _____

PRINCIPAL CONTACT FOR YOUR FIRM _____

5. PRINCIPAL KENTUCKY STATE ADDRESS, IF ANY: _____

6. TYPE OF FUND-RAISING CONSULTANT:

CORPORATION _____ State Incorporated _____ Date Incorporated _____

PARTNERSHIP _____ City and state in which organized _____

INDIVIDUAL _____ Date _____

7. Do you or the firm employ a professional fund-raiser? Yes No

8. Will the fund-raising consultant, at any time, have custody or control of contributed funds? Yes No

9. Do you or a representative of your firm solicit, as defined in KRS 367.650? Yes No

10. Do you or a representative of your firm have access to contributions or other receipts from solicitations? Yes No

11. Do you or a representative of your firm have authority to pay expenses associated with a solicitation? Yes No

C-1 FUND-RAISING CONSULTANT REGISTRATION STATEMENT

REV /01

12. List names and addresses of the charitable organization(s) with which the firm presently has contracts, or has contracted within the past twelve months, to act as a fund-raising consultant, either wholly or partly, in the Commonwealth of Kentucky:

*Name of Organization**Period Covered**Description of Activity*

13. Give the names and addresses of any charitable organization will sharing in the charitable contributions received in this state:

14. Enter names, residence addresses, and titles or relationship to the business for: the applicant, partners of the firm, a partnerships with other firms, corporate officers, directors and any other representative of your firm, including employees and independent contractors:

*Name**Residence Address**Title or Relationship to the Firm*

15. Has the firm or any representative of the firm ever been, or are they now, associated with any charitable or other organization with which the firm has contracted to act as a fund-raiser? Yes No

If yes, complete the following:

*Name of individual**Name/Address of Organization**Relationship to Organization*

16. Has the firm or any member of the firm ever been, or are they now, associated with any other professional fund-raiser, or fund-raising consultant? Yes No

If yes, complete the following:

*Name of Individual**Name/Address of Organization**Relationship to Organization*

C-1 FUND-RAISING CONSULTANT REGISTRATION STATEMENT

REV 1/01

17. Is the firm registered as a professional fund-raiser or fund-raising consultant with any other state or local government? Yes No

If yes, list other registrations:

18. Are you aware of or do you have knowledge of a pending investigations by a governmental agency into your business operations as fund-raising consultant?

Yes No

If yes, give a detailed explanation of the investigations of which you are aware: _____

19. Has the firm ever had a license, registration, or permit denied, canceled, suspended, revoked, or has any official disciplinary or legal action ever been taken, or is one currently pending against the firm or any representative of the firm in relation to any fund-raising, consulting activity?

Yes No

If yes, complete the following:

Name and Address of Government
Agency (City/State)

Nature of Action (Denied, canceled, suspended,
revoked) Against whom is the action being taken

Date

20. Has the fund-raising consultant paid a fine or entered into an agreement with a governmental authority in this state, or another state, limiting or prohibiting its fund-raising activities?

Yes No

If yes, indicate the name of the governmental authority, the date of the agreement, and provide full details of the agreement

Name of Governmental Authority

Date of Agreement

Details of the Agreement: _____

Name of Governmental Authority

Date of Agreement

Details of the Agreement: _____

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21. Has an officer, director, or a person with a controlling interest in the business, or a person who advises, consults, plans, or manages a solicitation campaign been convicted of a felony, a violation of any states charitable solicitation laws, or any crime of moral turpitude?

Yes No

If yes, indicate the state in which the conviction occurred, the name of the member, officer, employee or agent, the date of the conviction, the name of the case, case number, and court of jurisdiction:

Name of Member, Officer, Employee, Agent: _____

State in which conviction occurred: _____

Court of Jurisdiction: _____

Date of the Conviction: _____ *Case Number:* _____

22. Name and address of agent authorized to accept service of process in Kentucky.

Name: _____ Address: _____

*** If you have chosen the Kentucky Secretary of State as your service of process agent, provide the following information:*

I, _____, a professional fund-raising consultant, hereby appoint the Secretary of State of the Commonwealth of Kentucky as my agent for service in case of any and all law suits, proceedings and actions growing out of the violation of any of the provisions of KRS 367.650-367.670.

I hereby agree that this appointment is irrevocable and that service on the Secretary of State, Commonwealth of Kentucky, shall be as binding on me as if due service had been made on me personally.

Signed: _____

Fund-raising Consultant

Name of Firm: _____

C-1 FUND-RAISING CONSULTANT REGISTRATION STATEMENT

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STATE OF _____

COUNTY OF _____

I, _____, certify that I am _____ of the professional
Name Title

fundraising consultant, _____, and that the statements in this registration
are true. *Name of Firm*

Signature of Authority

Date

Subscribed and sworn to me this _____ day of _____ 20_____.

Notary Signature

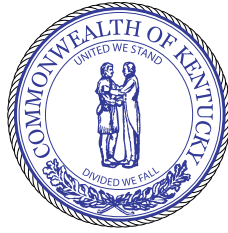
My commission expires _____ 20 _____.

ATTACHMENTS:

- A Check or money order in the amount of \$50.00 made payable to the Commonwealth of Kentucky.
- A copy of your articles of incorporation. (If a foreign corporation, attach a copy of Authorization.
- A copy of each contract related to the Commonwealth of Kentucky.
- Request for Criminal Conviction Record Check Forms

Mail to: Office of the Attorney General
Consumer Protection Division
Registration and Compliance
1024 Capital Center Drive
Frankfort, Kentucky 40601
Questions? Call 502-696-5389

THE OFFICE OF THE ATTORNEY GENERAL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES AND PROVIDES, UPON REQUEST, REASONABLE ACCOMMODATION NECESSARY TO AFFORD INDIVIDUALS WITH DISABILITIES AN EQUAL OPPORTUNITY TO PARTICIPATE IN ALL PROGRAMS AND ACTIVITIES.



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1024 CAPITAL CENTER DRIVE
SUITE 200
FRANKFORT, KY 40601

The attached is a background check request form. Kentucky Revised Statute 367.652(8) provides:

“No person shall act as a professional solicitor or fundraising consultant if he, his officers, directors, or any person with a controlling interest in the business, or any person the professional solicitor or fundraising consultant employs or procures to solicit for compensation or to advise, consult, plan or manage in regards to the solicitation campaign, has been convicted by a court of any state or the United States of a felony or a misdemeanor involving moral turpitude or arising from his conduct as a solicitor or consultant for a charitable organization or purpose. A background check on each person set out in this subsection shall be performed by the Attorney General’s office. . . .”

While the form affords an individual the opportunity to provide a social security number which will be used for the sole purpose of conducting the background check, **the individual’s social security number is not mandatory**. Please note, however, that the background check may be less reliable based upon name alone without more specific identifying information such as an individual’s social security number.

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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
pretrialrecords@kycourts.net



KY OAG Reg. # (if Available) _____

Licensing Agency Request

The process to obtain the information contained in the CourtNet Disposition System is as follows:

Individuals for License

Requesting a record on yourself for the purpose of obtaining a License requires a **\$25.00 fee (check or money order)**. Enclose an addressed envelope or label for your return reply, or you may provide e-mail addresses in place of envelopes.

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact Pretrial Services at (502) 573-1682 or (800) 928-6381.

PLEASE PRINT OR TYPE THE INDIVIDUALS INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: _____

NAME: _____

DATE OF BIRTH: _____

MAIDEN OR ALIAS NAMES: _____

STREET ADDRESS/ P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

E-MAIL ADDRESS: _____

I understand that failure to accurately provide the information requested may result in my prosecution under K.R.S. 523.100. I have provided the basic information necessary to qualify for record processing.

Signature

Office of the Attorney General

Licensing Agency

Contact Person for Licensing Agency

@ag.ky.gov

E-mail Address

Date

1024 Capital Center Drive

Address

Frankfort KY 40601

City, State, Zip Code

502-696-5300

Phone Number



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FUND-RAISING CONSULTANT

Contract Registration Coversheet

****IMPORTANT****

All questions must be completed and all contracts must be signed and clearly printed by two (2) authorized officials of the charitable organization, one (1) of whom shall be a member of the organizations governing body, AND the authorized contract officer for the fundraising consultant. Failure to meet any of these conditions will delay or prevent the processing of this campaign submission.

KY Consultant Registration # C-_____

1. Name and Address of Fundraising Consultant: _____

Contact name at **this firm**: _____ Phone _____

2. Name and Address of Charitable Organization: _____

3. ****Charity EIN#** _____ ****Charity KY Registration Number:** _____

4. **Charity Contact person** _____ **Title** _____

Phone number (include extension if applies): _____

Provide projected dates for services to this charitable organization:

5. ***Beginning Date of Contract*** _____

6. ***Beginning Date of Kentucky Promotion*** _____

7. ***Ending Date of Promotion:*** _____